

DRAFT—7/16/07

<u>PRIORITY POPULATIONS</u>						
TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE	STIGMA/ DISCRIMINATION
1. "A Home-Based Intervention for Immigrant and Refugee Trauma Survivors"	X					
2. "Across Ages"*	X	X		X		

STRATEGY OUTCOMES ACROSS PRIORITY POPULATIONS

<u>STRATEGIES</u>							<u>SPECIFIC OUTCOMES</u>
1. "A Home-Based Intervention for Immigrant and Refugee Trauma Survivors"	X						Reduces the isolation of the mothers, teaches them optimal parenting of their young children, provides links to resources, and promotes connection to the community.
2. "Across Ages"*		X	X		X		<u>DECREASES IN SUBSTANCE USE</u> -Decreased alcohol and tobacco use <u>IMPROVEMENTS IN POSITIVE ATTITUDES/BEHAVIORS</u> -Increased knowledge about and negative attitude toward drug use -Increased school attendance, decreased suspensions from school, and improved grades -Improved attitudes toward school and the future - Improved attitudes toward adults in general and older adults in particular

DRAFT—7/16/07

	<u>PRIORITY POPULATIONS</u>							STRATEGY OUTCOMES ACROSS PRIORITY POPULATIONS
	TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE	STIGMA/ DISCRIMINATION	
<u>STRATEGIES</u>								<u>SPECIFIC OUTCOMES</u>
3. "All Stars"*					X			<u>DECREASES IN SUBSTANCE USE</u> Decrease in substance use <u>REDUCTIONS IN BEHAVIORS RELATED TO RISK FACTORS</u> -Perceived pressure to participate in substance use -Parental tolerance of deviance -Offers and pressure from peers to use substances -Identification and exclusion of negative role models <u>IMPROVEMENTS IN BEHAVIORS RELATED TO PROTECTIVE FACTORS</u> -Idealism and an orientation toward the future -Commitment to avoid high-risk behaviors -Communication with parents -Parental monitoring and supervision -Discipline at times when it was appropriate -Motivation to provide a good example -Bonding to school -Student-teacher communication -Parental support for school prevention activities -Commitment to be a productive citizen -Participation in community-focused service projects -Visibility of positive peer opinion leaders -Establishment of conventional norms about behavior
4. "Brief Strategic Family Therapy"*					X			<u>DECREASES IN SUBSTANCE USE</u> -75% reduction in marijuana use -Reductions in substance use <u>REDUCTIONS IN NEGATIVE ATTITUDES/BEHAVIORS</u> -42% improvement in conduct problems -58% reduction in association with antisocial peers <u>IMPROVEMENTS IN POSITIVE ATTITUDES/BEHAVIORS</u> -Improvements in self-concept -Improvements in family functioning

DRAFT—7/16/07

<u>PRIORITY POPULATIONS</u>						
TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE	STIGMA/ DISCRIMINATION
5. “Cognitive Behavioral Intervention for Trauma in School—CBITS”	X		X			
6. “Cognitive Behavioral Therapy for Child Sexual Abuse (CBT-CSA)”	X					
7. “Counselor/CAST”			X		X	
8. “Early Psychosis Prevention & Intervention Centre (EPPIC)”; and “Personal Assessment and Crisis Evaluation (PACE)” (both part of ORYGEN youth mental health service.)		X				

STRATEGY OUTCOMES ACROSS PRIORITY POPULATIONS

<u>STRATEGIES</u>	<u>SPECIFIC OUTCOMES</u>					
5. “Cognitive Behavioral Intervention for Trauma in School—CBITS”	Improvements in behaviors related to protective factors; reductions in behaviors related to risk factors. Students randomly assigned to the intervention had significantly lower post-traumatic stress and depressive symptoms as reported by students and lower psychosocial dysfunction as reported by parents.					
6. “Cognitive Behavioral Therapy for Child Sexual Abuse (CBT-CSA)”	63% reduction in PTSD symptoms; 41% reduction in levels of depression; 23% reduction in acting out behaviors. Also, 26% reduction in (non-abusing) parents' emotional distress related to abuse; 45% reduction in parents' intrusive thoughts about the abuse; 45% improvement in body safety skills in young children.					
7. “Counselor/CAST”	The evaluation found statistically significant declines in suicidal ideation and in favorable attitudes towards suicide for C-Care and CAST students compared to treatment-as-usual students. Greater reductions in anxiety and anger by C-Care and CAST students were also observed. Students participating in just the CAST program demonstrated enhanced and sustained personal control, problem-solving, and coping skills when compared with students from the other groups.					
8. “Early Psychosis Prevention & Intervention Centre (EPPIC)”; and “Personal Assessment and Crisis Evaluation (PACE)” (both part of ORYGEN youth mental health service.)	Educates young persons and their families about the illness. Reduces disruption in a young person's life caused by the illness. Supports the young person through recovery. Reduces the young person's chances of having another psychotic experience in the future.					

DRAFT—7/16/07

<u>PRIORITY POPULATIONS</u>						
TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE	STIGMA/ DISCRIMINATION
		X				
			X	X		

STRATEGY OUTCOMES ACROSS PRIORITY POPULATIONS

<u>STRATEGIES</u>							<u>SPECIFIC OUTCOMES</u>
9. Effective Black Parenting			X				Significant reductions in different varieties of parental rejection (<i>risk factor reduction</i>); trends and significant results in favor of the program in terms of increases in use of positive parenting practices (<i>protective factor enhancement</i>) and decreases in use of negative practices (<i>risk factor reduction</i>); trends and significant improvements in the quality of family relationships that favored the program (<i>protective factor enhancement</i>); and significant reductions in delinquent, withdrawn and hyperactive behavior among children that favored the program (<i>risk factor reduction</i>) and trends and significant differences in social competencies that also favored the program (<i>protective factor enhancement</i>).
10. "The Incredible Years"				X	X		<u>IMPROVEMENTS IN BEHAVIORS RELATED TO PROTECTIVE FACTORS</u> The addition of the teacher and/or child training programs significantly enhanced the effects of parent training, resulting in significant improvements in peer interactions and behavior in school. <u>REDUCTIONS IN BEHAVIORS RELATED TO RISK FACTORS</u> Reduced conduct problems at home and school.

DRAFT—7/16/07

PRIORITY POPULATIONS						
TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE	STIGMA/ DISCRIMINATION
11. “Leadership and Resiliency Program”*	X	X	X	X		
12. Los Niños Bien Educados		X				
13. “Nurse-Family Partnership Program”*		X	X			

STRATEGY OUTCOMES ACROSS PRIORITY POPULATIONS

STRATEGIES	SPECIFIC OUTCOMES					
11. “Leadership and Resiliency Program”*	<p>Up to 65% to 70% reduction in school behavioral incidents. Program participants realized:</p> <ul style="list-style-type: none"> • 75% reduction in school suspensions • 47% reduction in juvenile arrests <p>Increase of 0.8 in grade point average (GPA), based on a 4.0 scale. Up to 60% to 70% increase in school attendance. 100% high school graduation rates. Increased sense of school bonding. Extremely high percentage of participants either become employed or pursue post-secondary education.</p>					
12. Los Niños Bien Educados	<p>The relationship changes with kindergarten children described by parents had to do with their children becoming more cooperative and obedient at home. The parents attributed these overall changes to the child-management skills learned in the program, to the increased amount of attention they were paying to their children, and to their increased ability or motivation to control their emotions or temper.</p>					
13. “Nurse-Family Partnership Program”*	<p>Improvements in women's prenatal health - Reductions in prenatal cigarette smoking and reductions in prenatal hypertensive disorders, Reductions in children's healthcare encounters for injuries, Fewer unintended subsequent pregnancies, and increases in intervals between first and second births, Increases in father involvement and women's employment, Reductions in families' use of welfare and food stamps, and Increases in children's school readiness - Improvements in language, cognition and behavioral regulation.</p>					

DRAFT—7/16/07

<u>PRIORITY POPULATIONS</u>						
TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE	STIGMA/ DISCRIMINATION
14. "Parent/Child Interactive Therapy (PCIT)"		X		X		
15. "Portland Identification and Early Referral (PIER)"	X					
16. "Primary Intervention Program (PIP)"			X			

STRATEGY OUTCOMES ACROSS PRIORITY POPULATIONS

<u>STRATEGIES</u>							<u>SPECIFIC OUTCOMES</u>
14. "Parent/Child Interactive Therapy (PCIT)"			X		X		Treatment effects at mid-treatment show gains in all areas. Most caregivers reaching mid-treatment showed an increase in the number of positive verbal communication skills (i.e. praises and descriptions/reflections) and a decrease in the negative verbal communication skills (questions, commands, critical statements). Comparisons of children's behavior problems, parental stress, and parents' positive verbalizations at pre- and post- treatment also show gains in all areas. The percent of children with behavior problems in the clinical range (as measured by the Eyberg Child Behavior Inventory) decreased significantly from pre, to mid- and post-treatment.
15. "Portland Identification and Early Referral (PIER)"		X					The combination of pharmacologic treatments and family psycho-educational groups has a powerful effect on mediating the symptoms that place a young person at risk for the onset of psychosis. Early experience is showing that this approach clearly and dramatically reduces morbidity.
16. "Primary Intervention Program (PIP)"				X			77% of the 10,357 participants showed some level of improvement on the Walker-McConnell Scale; the pre-and post-participation assessment tool used. Participants demonstrated positive social behaviors that were highly valued by teachers during non-instructional interactions on a more frequent basis. Improvements in social competence and school adjustment-related behaviors among participants were also noted.

DRAFT—7/16/07

<u>PRIORITY POPULATIONS</u>						
TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE	STIGMA/ DISCRIMINATION
<u>STRATEGIES</u>						
17. “Prolonged Exposure Therapy for PTSD”*	X					
18. “PROSPECT: Prevention of Suicide in Primary Care Elderly Collaborative Trial”	X				X	
19. “Specialized ER Intervention for Suicidal Adolescent Females”					X	
20. “Teen Screen”		X			X	

STRATEGY OUTCOMES ACROSS PRIORITY POPULATIONS

							<u>SPECIFIC OUTCOMES</u>
							70% to 90% of clients no longer have PTSD diagnosis after a 9- to 12-session course of PE therapy. Improved daily functioning, substantial reduction in depression, general anxiety, and anger. Outcomes maintained for at least one year after treatment ends.
							Rates of suicidal ideation overall declined faster in the intervention group, compared with patients receiving usual care (declined by nearly 13 percent, compared with only a 3 percent decline in the usual care group.)
							One-hundred-forty adolescent female suicide attempters were consecutively assigned to treatment as usual (the control group) and specialized emergency room care (the experimental group): Suicide attempters and their mothers, who received the specialized treatment, had significantly lower levels of depression following their emergency department visits than suicide attempters and their mothers who did not receive the intervention.
							Out of approximately 2,000 high school students, the TeenScreen assessment identified 74% of students who were contemplating suicide and 50% of students who had made a prior suicide attempt who were not previously known to be having problems by school personnel. In addition, 69% of students found to be potentially suffering from depression were also unknown.

DRAFT—7/16/07

<u>PRIORITY POPULATIONS</u>						
TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE	STIGMA/ DISCRIMINATION
	X					X
	X					

STRATEGY OUTCOMES ACROSS PRIORITY POPULATIONS

<u>STRATEGIES</u>							<u>SPECIFIC OUTCOMES</u>
21. "Teenage Health Teaching Modules"		X					THTM produced positive effects on the health-related knowledge and attitudes of middle school/junior high and senior high students. Senior high school students reported positive changes in several health behaviors. No significant effects on the self-reported behaviors of middle school/junior high students were observed.
22. "Trauma-Focused Cognitive Behavioral Therapy (TFCBT)"*	X						Significantly fewer behavior problems and PTSD symptoms, including depression, self-blame, defiant and oppositional behaviors, anxiety. Significantly greater improvement in social competence (maintained for one year), and adaptive skills for dealing with stress; decreased anxiety for thinking or talking about the event; enhanced accurate/helpful cognitions and personal safety skills and parental support.

* Outcome data from SAMHSA